

FILED

NOV - 6 2007

PEGGY B. DEANS, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF N.C.

Holmes P. Harden, Trustee for IHI
P.O. Box 536
Benson, NC 27504

Claim No.: 012631
Amount: \$369.43

ALL I ASK FOR
IS the amount
that was paid.
no more

Thank
you
Mark Thud

0001 0002772 00000000 001 001 02772 INS: 0 0

[illegible]

MARK F. THUL
503 WILLIAMS
GREAT BEND, KS 67530

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION

IN RE:
INTERNATIONAL HERITAGE, INC.
Debtor.

CASE NO: 98-02675-5-ATS

CHAPTER 7

NOTICE OF OBJECTION TO CLAIM

NOTICE IS HEREBY GIVEN of the Trustee's Objection to Claim filed with the court on October 26, 2007 pursuant to which the trustee objects to one or more proofs of claim filed by you in the above-captioned case.

NOTICE IS FURTHER GIVEN THAT the specific basis of the Trustee's objection to your claim is as follows: The legal basis for your claim is unclear and/or there is no documentation attached to your claim or the attached documentation does not substantiate the amount claimed. Trustee requests denial of claim.

You should read this objection carefully and discuss it with your attorney if you have one. ANY CORRESPONDENCE MUST BE IN WRITING. Your claim may be reduced, modified, or disallowed in its entirety if the bankruptcy court sustains the trustee's objections.

NOTICE IS FURTHER GIVEN that if no response to the trustee's objection explaining your position and requesting a hearing is filed in writing with the CLERK, U.S. BANKRUPTCY COURT, P. O. BOX 1441, RALEIGH, NORTH CAROLINA 27602-1441 with a copy to Holmes P. Harden, Trustee for IHI at P. O. Box 536, Benson, NC 27504 within 30 days of the date of this notice, the relief requested by the Trustee may be granted without hearing or further notice. **If a hearing is requested such hearing will be held on November 29, 2007 at 1:00 p.m. at the United States Bankruptcy Courthouse and Post Office Building, Room 208, 300 Fayetteville Street Mall, Raleigh, North Carolina.** Any party requesting a hearing shall attend said hearing in support of such request or (s)he may be assessed with costs.

Dated: October 26, 2007

BY: /s/ Holmes P. Harden
Holmes P. Harden, Trustee

INTERNATIONAL HERITAGE, INC.

INDEPENDENT RETAIL SALES REPRESENTATIVE RETAIL RECEIPT FORM

The Independent Retail Sales Representative Retail Receipt Form is a required document for all direct product purchases and all Retail Business Agreements. If this form is not attached to a product order or Retail Business Agreement the paperwork will not be processed and will be returned to the Selling Representative.

PURCHASING CUSTOMER INFORMATION

MARK THUL
Name
503 Williams
Street Address
Great Bend, KS 67530
City State Zip
(316) 792-5224 ()
Home Phone Business Phone

SELLING REPRESENTATIVE INFORMATION

Jane P. Anderson
Name
251 NW 10th Ave #4
Street Address
Great Bend, KS 67530
City State Zip
462726194 ()
Representative ID # Telephone

If the purchasing customer is considering joining International Heritage as a Representative but is purchasing product(s) prior or at the time of his/her association, this prospective Representative is making a retail product purchase as a non-member. If the purchasing customer subsequently becomes associated with the Company and orders products at a later date, those products would be considered purchases for personal consumption unless they are purchased for a retail sale.

*The cancellation provisions of this receipt form apply only to the retail product purchase associated with this transaction. These cancellation provisions are unrelated to the cash-out option of the Retail Business Agreement (RBA).

ITEM #	PRODUCT DESCRIPTION	QTY.	SIZE	COST	TOTAL
9210	HK Diamond Tennis Bracelet 1.25ct tw	1	7"	665 ⁰⁰	665 ⁰⁰
100% SATISFACTION GUARANTEE Thank you for your order! If for any reason you are not completely satisfied with your product selection, you may return it within 10 days after receipt for a full refund from your International Heritage Independent Retail Sales Representative.				SUBTOTAL	665 ⁰⁰
				TAX (n/a if RBA)	
				SHIPPING (n/a if RBA)	
				TOTAL	665 ⁰⁰

Mark E. Thul
Purchasing Customer Signature

9-11-96
Date

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE NOTICE OF CANCELLATION FORM ON BACK FOR AN EXPLANATION OF THIS.

INTERNATIONAL HERITAGE, INC.

RETAIL BUSINESS AGREEMENT

BUYER'S INFORMATION

Social Security Number / Federal Tax ID#

513483085

Name (Last)

THUL

(First)

MARK

(Initial)

F

Company Name (Contact name must be provided above)

STICKNEY CODRS

Shipping Address (no P.O. boxes)

503 WILLIAMS

City/Town

GREAT BEND

State

KS

Zip Code

67530

Home Phone

316 792 5224

Business Phone

Cellular/Voice

Fax Number

PRODUCT INFORMATION

(Check One)

Retail Business Center	RBA Product Item Number (3 RBA's per Business Center max.)		
	RBA 1	RBA 2	RBA 3
0 0 1	9210		
0 0 2			
0 0 3			
0 0 4			
0 0 5			
0 0 6			
0 0 7			

X Development Leader

(1 Retail Business Center with 60 day Cash-Out option)

Development Leader One

(3 Retail Business Centers Cash-Out option not available)

Development Leader Two

(7 Retail Business Centers Cash-Out option not available)

Recertification

Other

TOTAL

250.00

PAYMENT OPTIONS

A. Credit Card Authorization: (Must be filled out completely)

☐ MasterCard ☐ Visa (no other credit card accepted)

Card #

Expiration Date

Name of Cardholder

Signature

B. Certified Check/Money Order #

C. Personal Check #

(Personal Check Acceptance Form must be attached)

Mail Certified Check or Money Order along with original to:
INTERNATIONAL HERITAGE, INC.

2626 Glenwood Ave., Suite 200

Raleigh, NC 27608

Phone: (919) 571-4646

*Fax copies not accepted

I agree to the above indicated information and will be bound by the terms and conditions contained on the reverse side, the policies and procedures, and the Independent Retail Sales Representative Agreement and Handbook.

Mark S Thul

9-11-96

INTERNATIONAL HERITAGE, INC.

INDEPENDENT RETAIL SALES REPRESENTATIVE APPLICATION

REPRESENTATIVE INFORMATION (Applying Representative)

Social Security Number / Federal Tax ID#

513483085

Name of Representative (Last)

THUL

Mailing Address (No P.O. Boxes)

503 WILLIAMS

City/Town

GREAT BEND

Home Phone

316 792 5224

(First)

MARK

(Initial)

F

State

KS
Business Phone

Zip Code

67530

Fax Number

Check one of the following:

- ☒ Development Leader (1 Retail Business Center - does not require immediate certification)
- ☐ Development Leader 1 (3 Retail Business Centers - requires immediate certification)
- ☐ Development Leader 2 (7 Retail Business Centers - requires immediate certification)
- Other: _____

PLACEMENT SPONSOR INFORMATION

Social Security Number / Federal Tax ID#

462726194

Name of Representative (Last)

ANDERSON

Home Phone

316 792 2266

EXTENSION

Number

002

(First)

JANE

Left or Right (circle one)

☒ L☐ R

(Initial)

P

Business Phone

316 792 1378

Fax Number

316 792 1390

SPONSOR (if different from above)

Social Security Number / Federal Tax ID#

Name of Sponsor (Last)

(First)

(Initial)

I AGREE TO THE ABOVE INDICATED INFORMATION AND AM BOUND BY THE TERMS OF THE POLICIES AND PROCEDURES MANUAL AND THE TERMS AND CONDITIONS OF THE INDEPENDENT RETAIL SALES REPRESENTATIVE AGREEMENT.

Representative's Signature

Date

PAYMENT OPTIONS

A. Credit Card Authorization: (Must be filled out completely)

- ☐ MasterCard ☐ Visa (No other credit card accepted)

Card #

Expiration Date

Name of Cardholder

Signature

Certified Check/Money Order #

Personal Check#

(Personal Check Acceptance Form must be attached)

Mail Certified Check or Money Order along with original to:
INTERNATIONAL HERITAGE, INC.
2626 Glenwood Ave., Suite 200 • Raleigh, NC 27608
Phone: (919) 571-4646
* Fax copies not accepted

Application Fee

\$ 0

Administrative Fee (optional)

Access to: Data & Commission processing, news-letter, back office support & communications, product updates, accounting & other customary services

\$ 25.00

Retail Business Career Kit

Start up materials, flip chart presentation, sample forms, audio/video, product catalogue, monthly planner, etc. (not for profit)

\$ 75.00

Career Kit State & Local Sales Tax

\$ 4.43

Delivery Charge

on Retail Business Career Kit (choose one)
☒ 2 Day Air \$15.00 ☐ Ground \$10.00

\$ 15.00

Total from Product Order Form, Retail Business Agreement and Sales Aids Form

\$ 250.00

TOTAL AMOUNT ENCLOSED

\$ 369.43